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PATENT
ATTORNEY DOCKET NO.: 46124-5001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Masahiro IWAMOTO et al.)
Application No.: 08/878,177) Group Art Unit: 1633
Filed: June 18, 1997) Examiner: M. Wilson
For: CELL CALCIFICATION)
SUPPRESSING PROTEINS, AND)
GENES OF THE PROTEINS)

Assistant Commissioner for Patents
Washington, D.C. 20231

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GROUP 160

TRANSMITTAL FORM

1. Transmitted herewith is a Response to Restriction Requirement dated October 26, 1998.
2. Additional papers enclosed:
 - Request for Approval of Drawing Changes
 - Drawings: Formal
 - Information Disclosure Statement
 - Form PTO-1449, references included
 - Citations
 - Declaration of Biological Deposit
 - Submission of "Sequence Listing", computer readable copy and/or amendment pertaining thereto for biotechnology invention containing nucleotide and/or amino acid sequence.

3. Extension of Time

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136(a) apply.

Applicants believe that no extension of time is required. However, this conditional petition is being made to provide for the possibility that Applicants have inadvertently overlooked the need for a petition and fee for extension of time.

Applicants petition for an extension of time, the fees for which are set out in 37 CFR 1.17(a)-(d), for the total number of months checked below:

Total Months Requested	Fee for Extension	[fee for Small Entity]
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	380.00	190.00
<input type="checkbox"/> three months	870.00	435.00
<input type="checkbox"/> four months	1,360.00	680.00

Extension of time fee due with this request: \$ _____

If an additional extension of time is required, please consider this a Petition therefor.

An extension for ___ months has already been secured and the fee paid therefor of \$ ___ is deducted from the total fee due for the total months of extension now requested.

4. Fee Calculation

CLAIMS AS AMENDED						
	Claims Remaining After Amendment		Highest No. Previously Paid	Present Extra	at Rate of	Total Fees
Total Claims	19	minus	20	0	_ x \$18.00 each =	+ \$ 0.00
Independent Claims	10	minus	10	0	_ x \$78.00 each =	+ \$ 0.00
<input type="checkbox"/> First presentation of Multiple dependent claim(s)					\$ 260.00	+ \$ 0.00
						SUBTOTAL = \$ 0.00
						Reduction by ½ for filing by a small entity - \$ 0.00
						TOTAL FEE = \$ 0.00

5. Fee Payment

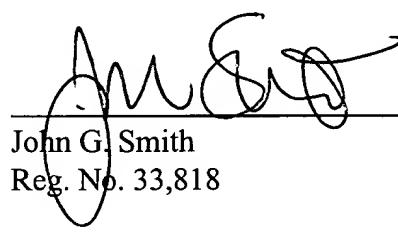
No fee is to be paid at this time.

A check in the amount of \$_____ for _____. The Commissioner is hereby authorized to charge any additional extension of time fee or additional fee for claims due to Deposit Account No. 50-0310.

The Commissioner is hereby authorized to charge any fees including fees due under 37 CFR § 1.16 and § 1.17 which may be required, or credit any overpayment to Deposit Account 50-0310.

Respectfully submitted,

MORGAN, LEWIS & BOCKIUS


John G. Smith
Reg. No. 33,818

Dated: January 8, 1999

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